



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**OFFICE OF CONTROLLED SUBSTANCES**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

**MAIN SUPERVISING PHYSICIAN**

**SUPERVISION – This section is to be completed by your main supervising physician.**

**UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS**

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Name of Primary Practice: \_\_\_\_\_

Location of Primary Practice: \_\_\_\_\_  
Street (No PO Box!)

\_\_\_\_\_  
City DE State Zip

DE Controlled Substances Registration Number: \_\_\_\_\_ Federal DEA Number: \_\_\_\_\_

Schedules the PA is authorized to prescribe: ☐ II ☐ III ☐ IV ☐ V

Are you delegating authority to request and issue professional controlled legend medication samples? Yes ☐ No ☐

**Signature of Supervising Physician** \_\_\_\_\_ Date \_\_\_\_\_